

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034295

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 210

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>508 Fremont</u>		d. STREET ADDRESS (If outside, give location) <u>508 Fremont</u>	

3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>F.</u> Last <u>MAUNTEL</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>6</u> Year <u>1962</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-4-1890</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Javerm Prop.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Javerm</u>		11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman Mauntel</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Remme</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy C. Mauntel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>Lucy C. Mauntel</u>	
17. INFORMANT <u>Lucy C. Mauntel</u>		18. ADDRESS <u>508 Fremont Washington Mo.</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Arterio-sclerotic C-V disease</u> DUE TO (c) <u>old age</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour <u>9:30</u> a.m. <u>1962</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Washington, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Washington, Mo.</u>	
21. I attended the deceased from <u>1 Dec 1957</u> to <u>6 Oct 62</u> and last saw him alive on <u>6 Oct 62</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. B. Borge, M.D.</u> (Degree or title)	
22b. ADDRESS <u>Washington, Mo.</u>		22c. DATE SIGNED <u>6 Oct 62</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 9, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) <u>Washington, Missouri</u>
24. FUNERAL DIRECTOR <u>Nieburg &amp; Vitt Inc.</u>		25. DATE RECD. BY LOCAL REG. <u>10/8/62</u>	26. REGISTRAR'S SIGNATURE <u>Leola C. Heidmann</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 10 1962

OCT 15 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Vernon C. Vedder

Licensed Embalmer No. \_\_\_\_\_

5031

P. O. Address \_\_\_\_\_

Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.